

## **VA Announces Health Care Changes**

**WASHINGTON, D.C.** – On January 17, 2003, Secretary of Veterans Affairs Anthony J. Principi announced the annual decision required by law (PL 104-262) on health care enrollment and a new plan between VA and the Department of Health and Human Services (HHS) for a program that will allow eligible veterans to use their Medicare benefits for VA care.

In order to ensure VA has capacity to care for veterans for whom our Nation has the greatest obligation (military-related disabilities, lower-income veterans, or those needing specialized care like veterans who are blind or have spinal cord injuries), Principi has suspended additional enrollments for veterans with the lowest statutory priority. This category includes veterans who are not being compensated for a military-related disability and who have higher incomes.

"VA is maintaining its focus on the health care needs of its core group of veterans – those with service-connected disabilities, the indigent and those with special health care needs," Principi said.

The suspension of enrollment affects only veterans in Priority Group 8, the lowest group in VA's eight-level system for setting health care priorities, who have not enrolled in VA's health care system before January 17. It is important to note that Priority Group 8 veterans already enrolled will be "grandfathered" and allowed to continue in VA's health care system.

Work is underway with HHS to determine how to give Priority Group 8 veterans aged 65 or older who cannot enroll in VA's health care system access to the "VA+Choice Medicare" plan. The plan calls for VA to participate as a Medicare+Choice provider. Eligible veterans would be able to use their Medicare benefits to obtain care from VA.

In return, VA would receive payments from a private health plan contracting with Medicare that would cover costs. The "VA+Choice Medicare" plan would become effective later this year as details are finalized between VA and HHS.

*(continued on page 5)*

*CPRS automatically sends a physician an alert in order to ensure that a medical problem is quickly tackled . . .*

## **Computerized Patient Records Unique to VA**

**HOUSTON, TX** – U.S. Army Veteran Jerry Shultz likes the fact that every one of his doctors and nurses at the Houston VA Medical Center (HVAMC) knows his medical history, what his medications are, the results of all of his medical tests, and work together to provide him with the very best health care.

"The patient computer system at the Houston VA Medical Center makes me feel extra comfortable about getting my medical care there. No matter what clinic I go to when, they can pull my records up and make sure everything is going smoothly, and that I am receiving the right treatment," said Mr. Shultz.

Once again, the HVAMC is ahead of the game with its unmatched patient care technology. The Computerized Patient Record System (CPRS) in place at the HVAMC has allowed the medical center to progress in its management and utilization of patient information. The patient directly benefits from the sharper accuracy, consistency, and speed that the system has brought about.

CPRS is a unique advantage for veterans because most other non-VA hospitals and medical centers lack such a sophisticated patient record system. Many still rely on paper records. Even the computer records of other hospitals do not stand up to the capabilities of CPRS. For example, the writing of progress notes



*"The patient computer system at the Houston VA Medical Center makes me feel extra comfortable about getting my medical care there. No matter what clinic I go to when, they can pull my records up and make sure everything is going smoothly, and that I am receiving the right treatment," said veteran Jerry Shultz (above left) with Hardeep Singh, M.D., Houston VA Medical Center Primcare physician.*

is a feature that cannot be found in other systems.

"Since its introduction, CPRS has revolutionized the practice of medicine in our hospitals. The providers' task of ordering and tracking tests, consultations, procedures, and medications has been

made much easier. This system has made patient care safer and more efficient, and has helped save precious time," said Hardeep Singh, M.D., HVAMC Primcare physician.

Dr. Singh has observed, firsthand, the difference CPRS has made. CPRS is

*(continued on page 6)*

*Can't make it to your next appointment?*

*Don't forget to call (713) 794-8985 to cancel or reschedule . . .*

## **Don't Be a No-Show!**

**HOUSTON, TX** – If you are already enrolled in the VA system and would like to make an appointment at the Houston VA Medical Center (HVAMC), call the VA Network Telecare Center at (713) 794-8985 or toll-free 1 (800) 639-5137 and the staff will assist you.

It is very important for you to keep your scheduled appointments. If you cannot use the slotted time, another veteran might be able to do so.

When you don't show up for your scheduled appointment, you have taken away that time slot from another veteran who needs to see a doctor. That veteran, then, must try to walk-in. And, unfortunately, walk-ins mean longer waits for everyone, walk-in veterans and scheduled veterans.

If, for some reason, you cannot keep your appointment, please immediately call the VA Network Telecare Center at (713) 794-8985 or toll-free 1 (800) 639-5137 to cancel and reschedule.

If you can't remember when your next appointment is or have not received an appointment letter from the HVAMC, call the Appointment Information Hotline at (713) 794-7648 or toll-free 1 (800) 454-1062.

This automated system will ask for your social security number and then tell you all the HVAMC appointments you have scheduled in the next 90 days.

If you have medical questions or concerns, and cannot wait until your next appointment, call the VA Network Telecare Center at (713) 794-8985 or toll-free 1 (800) 639-5137. All telephone calls are answered by a staff of nurses and other health care professionals who are experienced in telephone assessment of medical situations and crisis intervention. They are trained to provide symptom analysis, instruct on first aid procedures, help with stress and anxiety, answer medication questions, explain lab test results, educate patients about specific diseases, and check appointments. ■

### **Inside This Edition**

VA Works to Improve Patient Surgical Safety .....	2
A Word from the Director "Patient Safety is Priority" .....	2
Innovative Cardiac Support Device Offered .....	3
Quest for Nursing Excellence .....	3
Parkinson's Disease Seminars .....	4
Support Group Listing .....	4
With or Without Food? .....	4
Orthopedic Surgery Questions? ..	5
Vietnam Veterans and CLL .....	6
Research May Lead to New Drugs for Heart Attacks .....	7
3 Great Reasons to Tell Us If You Have Insurance .....	7
American Ex-POW Program .....	8

**Special Note:**  
**Annual American Ex-POW Program**  
**April 9, 2003, 10 a.m.**  
**4th Floor Auditorium**  
**Houston VA Medical Center**

*The Houston VA Medical Center was one of ten medical centers that participated in the Veterans Health Administration work group focusing on ensuring correct site surgery . . .*

# Houston VA Implements New and Innovative Procedures to Ensure Your Safety in Surgery

**HOUSTON, TX** - Ensuring correct-site surgery and procedure is one of the 2003 National Patient Safety Goals set by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

According to a November 1999 report from the Institute of Medicine, health care in the United States is not as safe as it should be - and can be. At least 44,000 people, and perhaps as many as 98,000 people, die in hospitals each year as a result of medical errors that could have been prevented. Even using the lower estimate, preventable medical errors in hospitals exceed attributable deaths to such feared threats as motor-vehicle wrecks, breast cancer, and AIDS.

Effective January 1, 2003, accredited health care organizations across the United States will be required to focus attention on a series of specific actions to prevent medical mistakes.

These actions will help to avoid confusion in identifying patients, miscommunication among caregivers, wrong-site surgery, unsafe use of infusion pumps, medication mix-ups, and problems with equipment alarm systems.

Acknowledging that all health care providers make errors, the VA's National Center for Patient Safety took the initiative and recently introduced new processes that identify, prevent, and fix problems that can result in error, patient injury, or death.

Towards this goal, the Houston VA Medical Center was one of ten medical centers within the VA system that participated in the Veterans Health Administration (VHA) work group focusing on ensuring correct site surgery.

During the past year, the HVAMC has tested these preventive steps to ensure patient safety and patient satisfaction. We implemented several safeguards and processes to educate and familiarize all of



*James P. Bagian, M.D., P.E., director, National Center for Patient Safety (NCPS), Department of Veterans Affairs (VA) (left) visited the Houston VA Medical Center in January to discuss with nurses, quality management personnel, and other HVAMC staff members how NCPS is helping the VA to meet the Joint Commission on Accreditation of Healthcare Organizations' 2003 National Patient Safety goals through such initiatives as the recent Ensuring Correct Surgery Directive. The NCPS develops, leads, and oversees activities and programs concerned with improving patient safety throughout the VA healthcare system.*

our health care professionals about the actions that need to be taken to prevent adverse events from happening.

With support from the HVAMC executive leadership, education and training of staff members is on-going, and we have made the procedures part of our staff's daily routine.

Our ultimate goal is to continue to provide high quality and safe care to you, our veteran patient.

The processes now in place will help veterans and family members understand what will happen before surgery, and what steps your doctors and nurses are taking to make sure everything goes as planned.

The following timeline can give you an idea what will happen before your surgical procedure at the HVAMC:

## First: Days to a Few Hours Before Your Surgery

First, you will review all the information on the HVAMC consent form before you sign it. You, or your legal guardian, must sign the consent form before any surgery can take place. It should be written in words that you can understand. If it is not or you are not sure about something, ask your physician.

It is very important for you to tell your doctor about the medicines that you are taking and any allergies that you may have. Write down this information and show it to your doctor.

Also take this opportunity to ask your doctor any questions you might have. Many of your questions will be answered just by reading the consent form, but here are a few good questions to keep handy in order to better understand your surgery:

1. What is the name of the surgery that will be done?
2. Where or what body part will be operated on? Write down if it is the left or right side, if you need to.
3. Are there alternatives to surgery?
4. What are the risks of this surgery?
5. What is likely to happen if I don't have the surgery?
6. Who is in charge of the surgical

team? Write the name down.

7. About how long will it take to recover after the surgery?

The doctor or another member of your surgical team will make a mark with a pen on the part of your body where the surgery will happen. This should be done **before** you go into the operating room.

Many doctors will sign their name or initials. Some doctors will make an "X" or "Yes" mark on the correct body part.

Check to make sure the mark does not rub off. This mark will be very important for the doctors and nurses to see while you are asleep during your surgery. Tell your doctor or nurse if the mark rubs or washes off before the surgery.

## Second: An Hour or Less Before Your Surgery

While you are still awake, a doctor or nurse will ask you to say your full name, your social security number or birth date, and the part of your body that will be operated on.

Don't be alarmed by these questions; your doctor and nurse know who you are. This is how they make sure they have everything right.

## Third: Right Before Your Surgery

Just before your surgery begins, everyone in the operating room will take a short "time out." This means everyone - the doctors, the nurses, and the surgical technicians - everyone. They will check for the last time that they have the right patient and are doing the right operation on the right body part. You will probably be asleep when this happens.

The HVAMC doctors and nurses are taking these important steps to make sure everything goes as planned during your surgery.

Together, with you playing an important part in the process, we can prevent errors from happening and ensure that you receive high-quality, safe health care.

■ **Beverly Green-Rashad, RN, MSN, HVAMC Operative Care Line Nurse Executive and Debra Lewis, RN, HVAMC Patient Safety Improvement Coordinator**

## A Word from the Director . . .

# VA Leads the Way in Patient Safety

**HOUSTON, TX** - Patient Safety is a high priority for all hospitals, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), and all medical professionals involved in the delivery of health care.

Within the Department of Veterans Affairs (VA), patient safety has been a major focus for improvement efforts. This initiative has placed the VA in the lead, nationwide, among health care facilities.

At the Houston VA Medical Center (HVAMC) and all other VA medical centers across the country, a patient safety coordinator has been appointed and charged with analyzing and implementing improvements to patient safety systems and procedures.

Currently, every VA inpatient ward uses the Bar Code Medication Administration (BCMA) system to significantly reduce the potential for medication errors. Our computerized patient record system (CPRS) highlighted on the front page of this issue of the VA Pride also improves safety by eliminating poor handwriting and increasing the availability of medical information.

A companion article on page two



*Edgar L. Tucker, Medical Center Director*

of this publication describes improvements to ensure that all surgeries are correct site surgeries. Additional advancements are underway in this medical facility regarding device safety, better identification of high-risk medications, and more clarity with common abbreviations.

In addition, the VA is introducing a new Patient Safety Reporting System (PSRS) to allow for the identification of close calls. This system will allow medical professionals to identify potentially hazardous situations, and then implement system changes to reduce risks to patient safety.

The HVAMC staff and our colleagues throughout the Veterans Health Administration (VHA) are committed to improving the safety of our medical centers in order to provide the best care possible to our veterans. ■



The Houston VA Medical Center is the only medical facility in Texas, and one of only 30 in North America, implanting this cardiac support device around the hearts of patients with congestive heart failure . . .

# Physicians at Houston VA Offer Innovative Cardiac Support Device

**HOUSTON, TX** - The Houston VA Medical Center (HVAMC) is one of only 30 sites in North America, and the only one in Texas, implanting a cardiac support device (like a net) around the hearts of patients with congestive heart failure.

"One of the defining characteristics of heart failure is progressive enlarging of the heart. This cardiac support device is based on the idea that if continuous dilation of the heart can be stopped, the relentless downward spiraling nature of the disorder may be significantly slowed, stopped, or even reversed," said Douglas Mann, M.D., a HVAMC staff physician.

The objective of the cardiac support device is to support the lower chambers of the heart in a way that effectively reduces the muscle stretch and wall stress resulting from the heart enlarging. Therefore, HVAMC physicians hope this cardiac support device might halt the progressive enlargement of the heart, improve its function, and encourage a reduction in size.

Heart failure is a progressive downward spiraling syndrome that results from any number of conditions, including coronary artery disease, long-standing hypertension, toxins, and idiopathic dilated cardiomyopathy. The initial onset can be so mild that little or no functional impairment is immediately apparent. But at some point, symptomatic heart failure is experienced, while a relentless process of damaging structural and functional changes to the heart continues.



Douglas Mann, M.D., a HVAMC staff physician, and Pam Samuels, HVAMC medical technician, perform an echo cardiogram on veteran Leroy Stewart during his first follow-up visit. The first in Texas, Mr. Stewart received the "heart net" cardiac support device in June 2002. Of the improvement he has seen since the surgery, Mr. Stewart said, "Since then, I haven't had any problems. I'm feeling good. I'm walking my three blocks a day. I'm eating and sleeping good."

People with dilated cardiomyopathy notice a decrease in ability to walk or perform even basic daily activities due to shortness of breath and fatigue.

Current extensive drug regimens have

proven helpful in relieving the symptoms of heart failure. However, many patients continue to do poorly despite optimal medical therapy.

"How to stop, if not reverse, such cascading deterioration remains the key to effective long-term treatment of the heart failure syndrome. The cardiac support device in this trial is intended to treat patients who are on optimal medical therapy," said Ernesto Soltero, M.D., chief, H V A M C cardiothoracic surgery section.

As the heart first experiences impaired function, the body responds with compen-

satory mechanisms that attempt to maintain adequate cardiac output and tissue perfusion.

These early compensations work to achieve healthy equilibrium. But their prolonged activation eventually results in structural and functional changes that reduce heart function. Together, these changes are called ventricular remodeling. In other words, the heart becomes larger and larger as it strains, causing it to pump poorly.

Pre-clinical studies have demonstrated that this cardiac support device reduces heart size and improves heart function. Structural and functional changes at the cellular level appear to be the primary cause for these global improvements in heart muscle performance.

These studies further indicate that the cardiac support device, by supporting the ventricle and reducing stress-mediated heart muscle stretch, can halt progressive remodeling and allow reverse remodeling, thus providing a promising new therapy and better quality of life for heart failure patients.

This trial is a Baylor College of Medicine Investigative Review Board approved research study open to veterans ages 18 to 80 with a diagnosis of congestive heart failure or those who have been told they have an enlarged heart. Participation in this study is completely voluntary, and does not affect the availability of other types of medical care.

Veterans interested in this cardiac support device trial, should contact Trenda Lynch, RN, BSN at (713) 794-8757. ■ Bobbi D. Gruner, Public Affairs Officer

Wherever direct patient care is provided, you will always find a nurse involved . . .

## HVAMC's Quest for Nursing Excellence

**HOUSTON, TX** - The Veterans Health Administration (VHA) is modeling its management practices using the Baldrige National Quality Criteria, the gold standard for excellence. This gives VA an opportunity to compare our results with the best companies in the country.

Nursing plays a major role in all aspects of the VHA mission. The VA has five distinct missions: health care, health professional training, research, emergency preparedness, and backup to Department of Defense and National Disaster Medical System.

Wherever direct care is being provided, you can always find a nurse involved in that care. Today's nurse not only has to be skilled in providing hands-on care, but also must have expertise in using cutting-edge technology that ensures patient and staff safety.

Your nurse is usually the person with a contingency plan. First, there is the primary plan. Then, if that fails, there is a contingency plan, and when all else fails, the nurse will have a third option to prevent any negative impact on patient care.

The Houston VA Medical Center nursing staff is involved in providing evidence-based care and is actively involved in educating future health care professionals.

Nurses are involved in educating future health care professionals and involved in care throughout the medical center, outpatient clinics, primary care, and to homeless veterans.

Many HVAMC nurses have a degree of commitment and compassion second to none, as they go about delivering care. The veterans we care for are special and the nurses providing the care are special, too.

As you go about the medical center, see if you can identify the many roles nurses play during her/his tour of duty. You will see caretaker, counselor, teacher, mentor, and so on. This may be an interesting exercise.

If you like what you see, let them know. At the same time, if you feel that there are opportunities for improvement, we would like to know that, too.

Excellence is a part of teamwork. Nursing is a team and when everyone strives for quality, the team can hit all the right notes. ■ Deloris W. Leftridge, RN, MSN, CNAA, Chief, Nurse Executive/Clinical Practice Office



Ernesto Soltero, M.D., chief, HVAMC cardiothoracic surgery section, who performed the delicate operation on veteran Leroy Stewart, answers a few questions during Mr. Stewart's first follow-up appointment. "How to stop, if not reverse, such cascading deterioration remains the key to effective long-term treatment of the heart failure syndrome. The cardiac support device in this trial is intended to treat patients who are on optimal medical therapy," said Dr. Soltero.

## We're Here to Help . . .

### Cancer Support Group

The group meets the first Tuesday of every month, 1-2 p.m. in the Nursing Unit (NU) 4D dayroom. Group facilitator: Lisa Whipple, LMSW and Chaplain Douglas Ensminger, D.Min., (713) 791-1414, ext. 5273

### Pain Support Group

The group meets every Wednesday and Thursday, 2 p.m. in Room 5C-215. Group facilitator: Dr. Gabriel Tan, (713) 794-8794

### Pain Education Group

The group meets every Wednesday, 1 p.m. in Room 5C-215. Group facilitator: Dr. Gabriel Tan, (713) 794-8794

### Pain Coping Skills Group

The group meets every Thursday, 1 p.m. in Room 5C-215. Group facilitator: Dr. Gabriel Tan, (713) 794-8794

### Better Breather's Club

The group meets the last Wednesday of every month, 1:30-3:30 p.m. in Room 1C-361. Group facilitator: Paula Denman, (713) 794-7317

### Stroke Support Group

The group meets second and fourth Thursdays of every month, 3 p.m. in the NU 2A Rehab Dining Room. Group facilitator: Laura Lawhon and Tommie Espinosa, (713) 791-1414, ext. 4241/5254

### Amputee Support Group

The group meets first and third Thursdays of every month, 3 p.m. in the NU 2A Rehab Dining Room. Group facilitator: Betty Baer or Roger McDonald, (713) 794-7793

### Prostate Cancer Support Group

The group meets third Thursdays of every month, 2 p.m. in Room 4C-122. Group facilitator: Lillie Sonnier, (713) 794-7111

### Hepatitis C Support Group

The group meets the first Friday of every month, 1:30 p.m. in Primecare Clinic 4 (NASA) Room 1A-442. Group facilitator: Collene Gasca and Alana Howard, (713) 791-1414, ext. 3656

### HIV Support/Educational Group

The group meets every Tuesday, 2 p.m. in Clinic 4, Room 1A-442 and every Thursday, 10 a.m. in Clinic 4, Room 1B-318. Group facilitator: Susan Sievers, (713) 791-1414, ext. 6183 or 5292

### Lufkin Hypertension Classes

The class meets the first Thursday of every month, 2 p.m. Ask your nurse or your Primecare provider, or stop by the front desk at the Lufkin Outpatient Clinic to register for this class.

# Houston VA Parkinson's Center Presents Latest in Series of Education Seminars

**HOUSTON, TX** - Neither threatening skies nor blustering winds could hold back over 100 veterans, their families, and friends from attending the December 12, 2002 educational seminar sponsored by the Houston VA Medical Center Parkinson's Disease Research, Education and Clinical Center (PADRECC).

The program entitled "Everything You Wanted to Know about Medications and Memory in Parkinson's Disease" featured PADRECC speakers, Eugene C. Lai, MD, PhD, Director of PADRECC, and Michele York, PhD, PADRECC neuropsychologist.

Dr. Lai began the first part of the program by speaking about the occurrence of Parkinson's disease (PD) among prominent figures in our society and the incidence of 50,000 new cases diagnosed each year. He then reviewed the classical clinical symptoms of PD (resting tremor, rigidity, slowness of movement, and instability when walking) and presented a comprehensive listing of medications and alternative (exercise, nutrition, and education) approaches for treating patients with Parkinson's disease.

The audience was encouraged to ask Dr. Lai and a panel of experts including Aliya Sarwar, M.D. staff neurologist; Eva Henry, M.D., PADRECC fellow; and Linda Fincher, RN, PADRECC nurse coordinator questions



Reporter Laurie Johnson of KUHF-FM Radio 88.7 (NPR) interviewed Eugene C. Lai, MD, PhD, Director of PADRECC after the December 2002 PADRECC seminar, "Everything You Wanted to Know about Medications and Memory in Parkinson's Disease."

about the various treatments.

Dr. York, who spoke about memory and thinking changes in Parkinson's disease, presented the second part of the program. She discussed reasons why memory changes may occur in PD and provided helpful hints that may be useful in maintaining function.

Dr. York suggested that verbal

discussion of television programs and newspaper articles may be useful and the continuation of routine activities like writing checks and reading maps may help.

For more information about the PADRECC or upcoming seminars, please call (713) 794-7841. ■ Naomi Nelson, PhD, PADRECC Co-Associate Director of Education

*Do you wonder why your doctor or pharmacist instructs you to take your medications with food or without food?*

## Do I Take With or Without Food?

**HOUSTON, TX** - Do you ever wonder why your Houston VA Medical Center doctor or pharmacist instructs you to take your prescription medications with food or without food?

There are many reasons behind their advice. Some medications need food to increase their absorption into the body. This makes these particular drugs more effective.

Other drugs may cause stomach irritation and side effects, requiring food to help lessen the problem.

Many drugs are degraded when conditions in the stomach are too acidic. Food can help to alleviate this situation. Sometimes food can alter how the body processes a particular drug, making the medication less effective.

On the other hand, some drugs are hindered from working if taken with food. Food can sometimes slow the absorption of the drugs. Many foods and food products can bind to the drug rendering it ineffective. Ciprofloxacin or tetracycline with dairy products or antacids are examples.

The list to the right contains some of the most commonly prescribed medications and whether they should be taken with or without food.

If the drug you are taking is not on this list, feel free to contact your doctor or pharmacist for instructions.

The HVAMC Pharmacy Helpline is available Monday through Friday from 8 a.m. to 4 p.m. by dialing (713) 791-1414 ext. 2421 or (713) 794-7653. A pharmacist is available to answer any questions you have concerning your medications. ■ Victoria Bryant, PharmD, HVAMC Pharmacy

### Medications .....With or Without Food

Aspirin or Enteric-coated Aspirin .....	Take with food.
Ibuprofen or Naproxen .....	Take with food or milk.
Acetaminophen (also called Tylenol) .....	Take on empty stomach if not contraindicated.
Penicillin or Ampicillin .....	Take on an empty stomach.
Amoxicillin .....	Without regards to meals.
Tetracycline .....	Take 1 hour or 2 hours after meals.
	Do not take with antacids, dairy products or iron.
Ciprofloxacin or Gatifloxacin .....	Take 1 hour or 2 hours after meals.
	Do not take with antacids, dairy products or iron.
Phenytoin .....	Take with food.
Captopril .....	Take on empty stomach at same time everyday.
Atenolol .....	Without regards to meals but take it same time everyday.
Digoxin .....	Take at same time as food.
	Avoid high fiber diets.
Hydrochlorothiazide .....	Take with food.
Labetalol .....	Take with food.
Metoprolol .....	Without regards to meals.
	Be consistent everyday.
Hydralazine .....	Take with food.
Metformin .....	Take with food.
Glipizide .....	Take 30 minutes before meals.
Glyburide .....	Take with food.
Rosiglitazone or Pioglitazone .....	Take with food.
Prednisone or Methylprednisolone .....	Take with food.
Lovastatin or Simvastatin .....	Take with food.
Atorvastatin .....	Without regards to meals.
Warfarin .....	Maintain a balanced diet without abrupt intake of large amounts of food rich in vitamin K.
Felodipine .....	Do not take with grapefruit or grapefruit products.



# Have Questions about Your Orthopedic Surgery and Want Answers?

**HOUSTON, TX** - Orthopedic surgery is the branch of medicine which treats disorders of the muscles, joints, ligaments, tendons, and bones. The field is subdivided into specialties which focus on the hand/elbow/shoulder, foot/ankle, spine, and the hip/knee.

Veterans are seen by the Houston VA Medical Center (HVAMC) Orthopedic Services after their Primcare provider makes a referral or consult.

The HVAMC Operative Care Line has produced a comprehensive handbook intended to orient veterans to the Orthopedic Service and provide answers to common questions about the way things operate.

This article contains just a portion of the good information available. If you would like a copy of the booklet, call (713) 794-8737.

## The Orthopedic Clinic

The Orthopedic Clinic is located in 5C the west wing of the 5<sup>th</sup> floor of the HVAMC. The clinic schedule is divided by subspecialty.

The General Orthopedic Clinic is held every Tuesday. The General Orthopedic Clinic is where patients with new orthopedic problems are evaluated and recommendations for treatment or further testing are made.

The Upper Extremity/Hand Clinic is held every Monday, the Spine Clinic (neck and back) on Wednesdays, and the Foot/Ankle Clinic on Thursdays. The Sports Clinic (knee and shoulder) is held Friday mornings and the Joint Replacement (hip and knee) clinic on Friday afternoons.

Dr. Mark Johnson, chief of the HVAMC Orthopedic Service, supervises these clinics. The subspecialty clinics are staffed and supervised by HVAMC staff physicians who are experts in that subspecialty. Please note that evaluation of your care often requires x-rays be done before your clinic visit.

## Staff Physicians

Staff physicians in the Orthopedic Clinic are responsible for overseeing the orthopedic outpatient clinics and for supervising all orthopedic surgical procedures performed at the HVAMC. These doctors are also faculty at the Baylor College of Medicine.

The staff orthopedic surgeons at HVAMC are Mark Johnson, M.D., chief of Orthopedic Service; Jeffrey Budoff, M.D., upper extremity surgery; Michael Heggeness, M.D., spine surgery; Omar Ilahi, M.D., sports medicine; John Marymount, M.D., foot and ankle surgery; and Ken Mathis, M.D., joint replacement surgery.

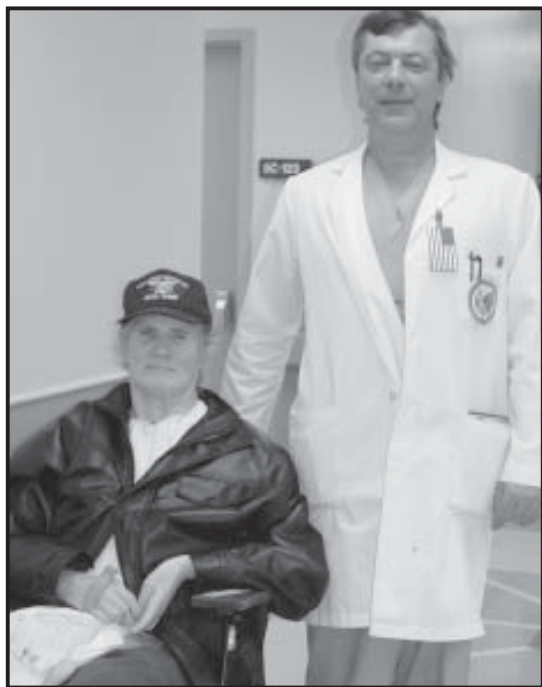


Photo by Sherry Jones, HVAMC Media Section

Staff physicians in the HVAMC Orthopedic Clinic are responsible for overseeing the orthopedic outpatient clinics and for supervising all orthopedic surgical procedures performed at the HVAMC. The staff orthopedic surgeons at HVAMC are Mark Johnson, M.D., chief of Orthopedic Service; Jeffrey Budoff, M.D., upper extremity surgery; Michael Heggeness, M.D., spine surgery; Omar Ilahi, M.D., sports medicine; John Marymount, M.D., foot and ankle surgery; and Ken Mathis, M.D., joint replacement surgery. Above, Dr. Johnson escorts veteran Patrick Miller to his orthopedic appointment.

## Orthopedic Residents

Orthopedic residents in the Orthopedic Clinic are licensed physicians who are in the process of completing their education in the specialty of orthopedic surgery at the Baylor College of Medicine. Our residents are the backbone of the orthopedic management team and are responsible for much of the direct patient care that you receive.

## Physician's Assistants (PAs)

Physician's assistants in the Orthopedic Clinic are trained professionals who provide a wide range of medical services under the supervision of a physician. Our physician's assistants are very knowledgeable in the field of orthopedic surgery. They provide continuity of care for the orthopedic outpatients visits. Without their dedication and hard work, it would not be possible to offer the level of service that we provide.

The physician's assistants on the orthopedic service are Frank Bernal, PA; Constance Kimbark, PA; and Christine Rector, PA.

## Cast Technician

Our cast technician, John Peets, is responsible for applying and maintaining casts and splints, and for performing a wide variety of other important functions in conjunction with the team.

## Nursing Staff

Nurses will be an integral part of your

orthopedic experience in the HVAMC Orthopedic Clinic. These professionals are key components in the pre-operative screening clinic, the operating room, and the inpatient unit. The nurses in the orthopedic clinic will provide information, instructions, and education about your orthopedic condition/surgery.

Nurses serve as a liaison between patients and providers. Nurses are an important member of the orthopedic team.

Below are some frequently asked questions from veterans receiving care in the HVAMC Orthopedic Clinic:

**Question: Why do I have to wait so long for an appointment?**

**Answer:** The HVAMC strives to meet the national VA standard of no longer than 30 days wait for an orthopedic appointment. If your appointment is delayed beyond this time, please notify our clinic staff so that we may address the problem.

**Question: Who will actually do my surgery?**

**Answer:** HVAMC staff physicians and residents perform surgery. The staff physicians are physically present for and directly supervise the key portions of all major orthopedic procedures. Residents or fellows may perform some portions of the procedures such as wound closures. This does not differ from common practice in non-VA medical facilities.

**Question: Who is my doctor? I see a different person every time I visit.**

**Answer:** Most of your direct contact will be with the residents or physician's assistants. The surgery residents are assigned to the HVAMC for three-month rotations. For this reason, it is likely the individual you see on one visit may not be here the next time you come.

Continuity of care is provided by the attending faculty who are permanently assigned to the HVAMC. Important decisions regarding medical treatment, surgery, and diagnostic tests are made with the attending physicians and the staff surgeons who directly supervise the care you receive.

**Question: Who can I talk to if I have a problem?**

**Answer:** Dr. Mark Johnson, chief of the HVAMC Orthopedic Service, is available to speak with any veteran regarding questions or problems related to care. You may ask any of our staff and they will be happy to set up an appointment. These appointments are usually scheduled for Tuesdays. ■

## Changes

(continued from page 1)

VA has been unable to provide all enrolled veterans with timely access to health care services because of the tremendous growth in the number of veterans seeking VA health care.

More than half of all new enrollees have been in Priority Group 8. This demand for VA health care is expected to continue in the future.

Between October 2001 and September 2002, VA enrolled 830,000 additional veterans. Since 1996, VA enrollment has increased from 2.9 million to 6.8 million today.

Non-service disabled, higher income veterans accounted for the majority of the rapid enrollment growth, hindering the ability of VA to care for the service-disabled, the indigent, and those with special needs.

Even with the suspension of new enrollments for Priority Group 8 veterans, another 380,000 veterans in Priority Groups 1 through 7 are projected to enroll by the end of FY 2003.

"Last year, VA treated 1.4 million more veterans with 20,000 fewer employees than in 1996," said Principi. "Nonetheless, VA leads the nation in many important areas like patient safety, computerized patient records, telemedicine, rehabilitation, and research. I not only want to see this standard continue, I intend to see it get even better."

Congress mandated in 1996 that VA establish an enrollment system to manage hospital and outpatient care within budgetary limits and to provide quality care to those enrolled. By law, the VA secretary must decide annually whether to maintain enrollment for all veterans. ■

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## CPRS

(continued from page 1)

a system that stores a complete record of a patient's medical history. All clinicians at the HVAMC can access this information immediately.

For example, if a doctor would like to check the date of a patient's most recent appointment and what happened during the appointment, the information can be effortlessly retrieved. Data such as a physician's notes or blood test results are also readily available.

CPRS also allows physicians to view images such as x-rays and create charts to interpret data. If there is any indication of unhealthy results, CPRS automatically sends a physician an alert in order to ensure that the problem is quickly tackled.

Different departments around the hospital are directly connected through the system. This way, a radiologist is immediately aware when a doctor orders an x-ray. This reduces the delay between patient appointments, and diagnosis and treatment.

Doctors and nurses at the HVAMC go through extensive training so they can use CPRS to the fullest advantage of the patient. Clinicians can smoothly maneuver through the user-friendly system. Templates make information on the screen easy to read.

When a patient record is pulled up, basic information such as name, social security number, and birth date appear. When information is added, it is promptly stored and can be quickly retrieved. Health care providers input information into a database simply by typing into a screen with various interfaces that clearly display patient data.

In the past, the documentation of patient data at the HVAMC involved stacks of paperwork. Even one missing document from a patient's chart can cause difficulty.

Now, HVAMC clinicians and patients can be thankful that paperwork is a thing of the past. Doctors no longer scribble medication orders onto slips of paper either. The ability to precisely communicate with CPRS has substantially reduced medical errors of all types.

In addition, veterans do not have to worry about the confidentiality of their information. CPRS is a safe haven that is equipped with multiple safeguards to keep information between only patients and authorized clinicians.

Veterans, like Mr. Shultz, can rest assured that HVAMC health care providers are working together to provide the very best health care, and that the HVAMC offers the very latest in medical information processing technology and security. ■ *Sheena T Oommen, HVAMC Public Affairs Intern*

*Study appears in the February 2003 issue of Health Services Research . . .*

## Study Shows VA Does Good Job Providing Equal Care for Heart Attack Patients with Mental Illness or Substance Abuse

**HOUSTON, TX** - Unlike many private hospitals, Veterans Affairs medical centers do a good job of providing equal care for heart attack patients with a history of mental illness or substance abuse, according to a study in the February 2003 issue of *Health Services Research*. Previous research on mentally ill patients in non-VA health systems shows they receive poorer care than those with no mental illness and have higher rates of mortality for several conditions, including heart attacks.

"We found minimal differences in both the process and outcomes of care for this sample of VA patients," said lead author Laura A. Petersen, MD, MPH, of VA's Houston Center for Quality of Care and Utilization Studies and Baylor College of Medicine. She said part of the reason for the findings may be VA's experience overall in caring for veterans with mental illness. Petersen also cited the integration of mental health care with general medical care at VA's nationwide network of sites, which share quality standards, electronic patient records, and administrative leadership.

Petersen and colleagues from Yale and Harvard analyzed the records of 4,340 patients who received care for heart attack at 81 VA hospitals in 1994 and 1995. Of these, about 20 percent had received a diagnosis of schizophrenia, depression or other mental illness, or been treated for substance abuse.

Patients in both groups—excluding those with medical contraindications—were equally likely to receive medications shown to increase survival after heart attack: clot-busting drugs, beta blockers, angiotensin converting enzyme inhibitors, and aspirin.

Patients in both groups who received diagnostic angiography such as x-rays of the heart or blood vessels, were equally likely to receive angioplasty or coronary artery bypass surgery, both

treatments for restoring blood flow to the heart.

However there was a slightly lower rate of diagnostic angiography among the mentally ill, both during their initial hospital stay at VA and within 90 days of follow up, either at VA hospitals or private hospitals that accept Medicare.

Also, while both groups had equal survival rates for 90 days after the heart attack, patients with mental illness may have been more likely to die within the year—although this finding did not reach statistical significance.

Petersen said these findings are not surprising in light of previous research on the health outcomes of psychiatric patients, who may have increased socioeconomic burdens, fear of medical procedures, or other factors that interfere with their care.

"We know from other studies that patients with mental illness have a higher mortality," said Petersen said. She said there is a complex web of factors that may contribute to this. Several studies, for example, have suggested a link between depression and heart attack

mortality, possibly due in part to physiological effects of depression on the heart.

Collaborating with Petersen on the study were Sharon-Lise T. Normand, PhD, of Harvard Medical School; Benjamin G. Druss, MD, MPH, of Emory University, formerly with VA and Yale University; and Robert A. Rosenheck, MD, of the VA Connecticut Healthcare System and Yale University. The study was funded by VA. ■ *James Blue, VA OPA Regional Office*



Photo provided by HCCDC

*Unlike many private hospitals, Veterans Affairs medical centers do a good job of providing equal care for heart attack patients with a history of mental illness or substance abuse, according to a study in the February 2003 issue of Health Services Research. Lead author Laura A. Petersen, MD, MPH, of VA's Houston Center for Quality of Care and Utilization Studies cited the integration of mental health care with general medical care at VA's nationwide network of sites, which share quality standards, electronic patient records, and administrative leadership.*

*Veterans with CLL who served in Vietnam during the Vietnam War do not have to prove that their illness is related to their military service . . .*

## Vietnam Vets to Receive More Benefits

**WASHINGTON, D.C.** - Based upon a recently released review of scientific studies, Secretary of Veterans Affairs Anthony J. Principi has decided to extend benefits to Vietnam veterans with chronic lymphocytic leukemia (CLL).

The ruling means that veterans with CLL who served in Vietnam during the Vietnam War don't have to prove that their illness is related to their military service to qualify for Department of Veterans Affairs disability compensation.

Additionally, VA has offered special access to medical care to Vietnam veterans with any health problems that may have resulted from Agent Orange exposure, and this decision will ensure higher-priority access to care in the future.

The decision to provide compensation was based upon a recent report by the Institute of Medicine (IOM) that found

among scientific studies "sufficient evidence of an association" between exposure to herbicides during the Vietnam War and CLL.

The IOM review, conducted at VA's request, was the latest in a series spanning the period since 1993 when the independent, non-governmental agency first published a report for VA that examined thousands of relevant scientific studies on the health effects of various substances to which American service-members may have been exposed in Vietnam.

VA requested the IOM panel of experts to focus on CLL in their report because of veterans' concerns that CLL shares some similarities with non-Hodgkin's lymphoma, which the IOM had previously connected to Agent Orange exposure.

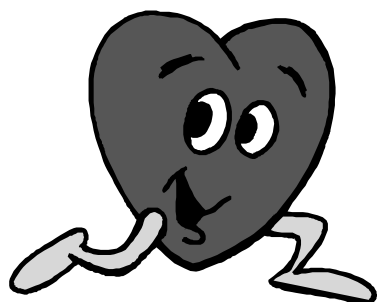
Principi ordered the development of regulations to enable VA to begin paying compensation benefits once a final rule

takes effect. Publication of that regulation is expected in the near future. VA will publish further details, when available, on its Web site at <http://www.vba.va.gov/bln/21/benefits/herbicide/>.

In the meantime, veterans with questions about health care, compensation and survivor benefits may call a toll-free help line at 1 (800) 749-8387 for information. VA also encourages veterans who have not done so to request a subscription to Agent Orange Review, VA's free newsletter that will keep them abreast of developments on this issue and other policies and scientific findings in the future.

Newsletter subscription information is available from the help line number above. Back issues and additional information about Agent Orange are available at another VA Web site at <http://www.va.gov/agentorange/>. ■





*When a person suffers a heart attack or stroke it is usually because there is some damage to the lining cells of an artery that has been affected by coronary artery disease . . .*

## Understanding Blood Clot Mechanisms May Lead to New Drugs for Heart Attacks and Strokes

**HOUSTON, TX** – Understanding mechanisms that trigger platelets to form blood clots is critical to the development of new drugs to treat heart attacks, strokes and peripheral vascular diseases.

"Within the circulatory system, there is a delicate balance between factors that promote blood clots and factors that prevent clots," said Michael H. Kroll, M.D., a staff physician at the Houston Veterans Affairs Medical Center (HVAMC).

"We want to understand these molecular interactions, so that medications can be designed that will treat dangerous clotting but not impact the normal mechanisms of clotting that keep wounds from bleeding."

An abnormality in the blood, blood vessel or blood flow can result in the formation of a blood clot. Blood clots cause problems when they form in, or move into, the coronary arteries, the carotid arteries of the neck, or the large

arteries of the leg. Arterial clots consist of platelets that stick together and then form a clump which blocks blood flow.

A heart attack occurs when the blood supply to part of the heart muscle itself, the myocardium, is severely reduced or stopped. The reduction or stoppage happens when one or more

of the coronary arteries supplying blood to the heart muscle are blocked.

Kroll, who is also an associate professor of medicine, molecular physiology, and biophysics at Baylor College of Medicine, is studying specific proteins

involved in the platelet clotting that occurs in diseased blood vessels. The research utilizes human platelets from healthy individuals and genetically-engineered hamster cells.

"We use actual human platelets in machines that mimic specific blood flow conditions that only develop in the diseased arteries. This allows us to study

the molecules that may be specific switches, turned on only in the setting of a heart attack or stroke," he said.

Kroll's group then uses genetically-engineered cells to focus experiments on the specific molecular switches that his group and others have discovered during investigations using intact human platelets.

When a person suffers a heart attack or stroke it is usually because there is some damage to the lining cells of an artery that has been affected by coronary artery disease. The damage to the artery lining, called the endothelium, causes underlying arterial tissues to be exposed to blood.

Kroll, along with other medical researchers at the HVAMC, Baylor College of Medicine, and Rice University, are studying a platelet surface receptor called glycoprotein Ib. This receptor attaches to the protein, von Willebrand factor, found in the blood and in the tissue beneath the artery lining.

When an artery is injured, abnormal blood flow causes von Willebrand factor to attach to platelet glycoprotein Ib. This attachment anchors platelets to the damaged vessel wall and switches the platelets "on." When platelets are switched on, they play a critical role in blood clot formation.

By determining how blood flow, von Willebrand factor, and glycoprotein Ib influence platelet stickiness and clumping, researchers hope to identify unique molecular interactions that impact clotting in diseased blood vessels.

"Our group has already identified a specific interaction

that we believe could be a target for inhibiting clot formation. If further research confirms this, we would have the opportunity to work on drug development," Kroll said.

In addition to heart disease and stroke, their research utilizing platelets may one day impact treatments for leukemia and hemophilia. ■Katherine Hoffman, HVAMC Research and Development

*Most heart attacks occur slowly, starting with a feeling of uncomfortable pressure, squeezing, fullness, or pain in the center of the chest.*

*Frequently, people experiencing heart attacks wait too long before getting help because they are not sure what is wrong or do not think it is serious.*

*The Houston VA Medical Center's medical care budget is supplemented by the amount we are able to collect from private health insurance carriers. This means the money we collect here in Houston is used to buy medications for the pharmacy and to pay HVAMC doctor salaries . . .*

## 3 Great Reasons to Tell Us If You Have Insurance

**HOUSTON, TX** - Whether or not you have insurance does not affect your eligibility for VA health care benefits. But if you do have insurance coverage, we would like to know for three reasons. All three reasons benefit you.

**Reason #1:** Most importantly, the Houston VA Medical Center's (HVAMC) medical care budget is supplemented by the amount we are able to collect from private health insurance carriers. This means the money we collect here in Houston is used to buy medications for our pharmacy and equipment. This enables us to deliver up-to-date medical services to the veterans we serve in southeast Texas. It also helps pay our doctor and nurse salaries so that you get the best caregivers available.

**Reason #2:** Many insurance companies will apply VA health care charges toward the satisfaction of your annual deductible.

**Reason #3:** The law requires us to bill private health insurance companies for all care provided for veterans' non-service connected disabilities. Keep in mind that you will not be responsible for any unpaid balance that the insurance company does not pay, except for your regular VA co-payments.

Accurate information regarding Medicare, Medicare Supplements, as well as prescription and dental insurance should be provided to HVAMC.

When you provide us with current

and accurate insurance information it helps us meet the requirements of the law, and more importantly, it will help us to provide health care services to all the veterans we serve.

As mentioned above, your health insurance is very important to us because the amount we are able to collect from private health insurance carriers goes to the HVAMC's medical care budget.

Remember, whether or not you have insurance **does not** affect your eligibility for VA health care benefits.

Please remember to always bring your insurance card with you when you come to the HVAMC because it provides insurance information we need. Please offer your insurance card to the clerk when you check-in for your appointment.

Here are some frequently asked questions about insurance and billing at the Houston VA Medical Center:

**Question: If I tell you about my insurance coverage, what types of payments will I be responsible for?**

**Answer:** The VA will charge your insurance carrier for your non-service-connected treatment and for medication and medication refills. You may also be responsible for VA co-payments charged for inpatient care, outpatient visits and medications. Certain veterans are eligible for waivers from VA co-payments. For more information about your VA co-

payment responsibilities, please call (713) 794-7796.

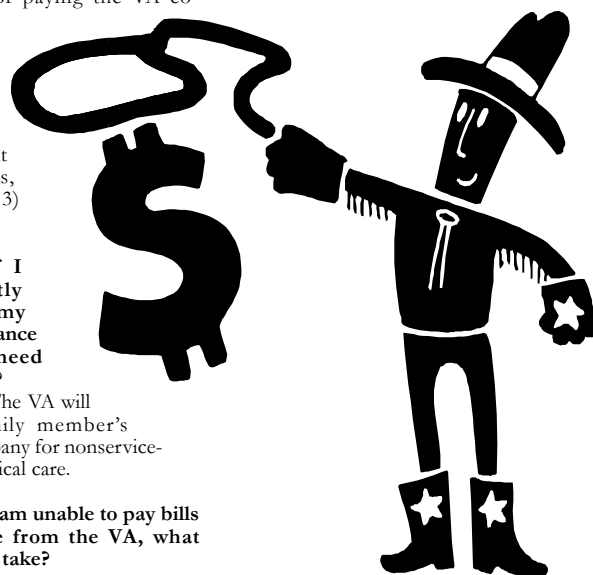
**Question: If my insurance will not cover a particular service or procedure, what payments will I be responsible for?**

**Answer:** When the insurance carrier does not reimburse the VA for the health care services provided, you will be responsible for paying the VA co-payment for the services provided. For more information about your VA co-payment responsibilities, please call (713) 794-7796.

**Question: If I am presently covered by my spouse's insurance policy, do I need to tell the VA?**

**Answer:** Yes. The VA will bill your family member's insurance company for non-service-connected medical care.

**Question: If I am unable to pay bills that I receive from the VA, what actions may I take?**





# From our Veterans

Provided by the Consumer Affairs Staff  
HVAMC Room 1B-370, (713) 794-7883

**Question: Is it true that VA is no longer accepting new higher income veterans for enrollment?**

**Answer:** Yes, a veteran who applies for enrollment on or after January 17, 2003, and is assigned to Priority Group 8, will not be accepted for enrollment. Under the decision, Priority Group 8 veterans already enrolled in VA's health care system can continue to receive care. No veteran already enrolled will be affected.

**Question: Why did VA make this decision?**

**Answer:** The decision ensures that VA can provide timely, high quality care to veterans with service-connected disabilities, lower incomes and special needs. VA has been unable to provide all enrolled veterans with timely access to health care services because of the tremendous growth in the number of veterans seeking VA health care. Between October 2001 and September 2002, VA enrolled 830,000 new veterans. This unprecedented surge in demand for VA health care is expected to continue in the

future, exceeding VA's primary and specialty care capacity. This decision will help alleviate this situation and prevent further erosion of VA's capacity to provide needed health care services to veterans in a timely and medically appropriate manner.

**Question: What are the effects of not taking this action?**

**Answer:** Past enrollment growth has exhausted VA's capacity. The projected growth for FY 2003 and beyond exceeds both VA's primary and specialty care capacity. As of January 2003, VA estimates that there are almost 236,000 veterans who have been unable to schedule an appointment or have an appointment scheduled more than 6 months from the desired date.

If enrollment is not limited, over 520,000 new enrollees will enter the system in FY 2003. This would increase the number of veterans on the waiting list and adversely affect quality of care and patient safety for veterans who are currently enrolled. The suspension of

new enrollments is necessary to prevent further erosion of VA's capacity to provide needed health care services to veterans in a timely and medically appropriate manner.

**Question: Who should a veteran contact with questions concerning enrollment priority or eligibility for VA health care?**

**Answer:** For more information about enrollment and eligibility for VA health care, veterans can contact your local VA health care facility, or call VA's Health Benefits Service Center toll-free at 1 (877) 222-VETS (8387). Information is also available on the Internet at <http://www.va.gov/elig>.

**Question: Which veterans make up the Priority Group 8?**

**Answer:** Veterans in Priority Group 8 have no compensable service-connected disability or other status making them eligible for a higher priority category and have annual incomes above both national and geographic means tests.

Veterans in this Priority Group have incomes that exceed \$24,644 in 2003 for a single veteran and \$29,576 for a veteran with a single dependent, and who also exceed a geographically based income threshold set by the U.S. Department of Housing and Urban Development (HUD) for public housing benefits. Information about the HUD threshold is available at <http://www.hud.gov/renting/plhprog.cfm>.

**Question: Who do I talk to about my prescriptions charges?**

**Answer:** The Veterans Millennium Health Care and Benefits Act authorized the VA to increase the medication co-payment amount and to establish annual caps on the co-payment amount.

Effective February 4, 2002, the

medication co-payment amount increased from \$2 to \$7 per 30 day supply.

An annual cap was established to eliminate a financial hardship for certain veterans who may require an unusually large amount of medications. Veterans enrolled in priority groups two through 6 have an annual cap of \$840. The annual cap will be tracked on a calendar year basis. When a veteran reaches this annual cap, they will no longer make medication co-payments for that calendar year. No annual cap was established for veterans enrolled in priority group 7.

The Medication Co-payment applies to medications and over-the-counter medications (aspirin, cough syrup, vitamins, etc.) that are dispensed from a VA pharmacy. You are not charged a medication co-payment for medical supplies such as syringes or alcohol wipes.

If you have been charged for medications you have not received, contact the HVAMC Pharmacy at (713) 794-7653.

If you have been charged for medications that were prescribed for your service-connected disability or if you have been charged for medications sent to you that you did not order and do not need, call the Patient Accounts Medication Co-payment Office at (713) 794-7178 or toll-free 1 (800) 553-2278, ext. 7178. Please note you are required to return the unopened medication to the Medication Co-payment Office to receive credit.

If you choose to discontinue any over-the counter medications, contact your Primecare Provider at (713) 791-1414, ext. 2458 or toll-free 1 (800) 553-2278, ext. 2458.

If you wish to have a repayment plan established, contact the Patient Accounts Office at (713) 794-7796 or toll-free 1 (800) 553-2278, ext. 7796.

## Important VA Telephone Numbers

Houston VA Medical Center Main Line .....	(713) 791-1414
or toll-free	1-800-553-2278
VA Network Telecare Center.....	(713) 794-8985
or toll-free	1-800-639-5137
Beaumont VA Outpatient Clinic .....	(409) 981-8550
or toll-free	1-800-833-7734
Lufkin VA Outpatient Clinic .....	(936) 637-1342
or toll-free	1-800-209-3120
Pharmacy Refills .....	(713) 794-7648
or toll-free	1-800-454-1062
Pharmacy Helpline .....	(713) 794-7653
Appointment Information .....	(713) 794-7648
or toll-free	1-800-454-1062
VA Eligibility & Enrollment .....	(713) 794-7288
Patient Education Resource Center (PERC) .....	(713) 794-7856
VA Police .....	(713) 794-7106

<b>Vet Center (Post Oak Road)</b> .....	(713) 682-2288
<b>Vet Center (Westheimer)</b> .....	(713) 523-0884

### Patient Representatives

Houston .....	(713) 794-7884
Beaumont.....	1-800-833-7734
extension	113
Lufkin .....	(936) 633-2753

<b>Houston National Cemetery</b> .....	(281) 447-8686
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### VA Regional Office

Main Number .....	1-800-827-1000
Compensation/Pension .....	1-800-827-1000
Home Loans .....	1-888-232-2571
Education.....	1-888-442-4551
Insurance .....	1-800-669-8477
Headstones and Markers .....	1-800-697-6947

*The Houston VA Medical Center  
presents a special*

## *American Ex-POW Program*

*honoring our Nation's  
Former Prisoners of War*

*Wednesday, April 9, 2003  
10:00 a.m.*

*HVAMC 4<sup>th</sup> Floor Auditorium*

**Guest Speaker: Benjamin T. Muller, World War II POW**  
*Mr. Muller was an American aviator who was captured and confined in a malaria-ridden POW camp after his B-25 bomber was shot down in the Pacific. Muller weighed 80 pounds when the Japanese surrendered and he was rescued in August 1945.*

*Inspirational Reading by Kim Elliston, Wife of World War II POW  
Drill Team Demonstration by Milby High School JROTC  
Musical Entertainment by The DeGeorge Singers  
Refreshments served.*



